



PATIENT

OLIVER LEVINE

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

10.5

PRESENTING CLINICAL SIGNS

Unclassified/nonspecific cardiomyopathy.

Significant LA enlargement with evidence of spontaneous contrast.

Abnormal PE/Chem/CBC/UA Results: Herat murmur grade 4/6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	10.5	NM	0.61	1.44	0.75	40	74
FELINE CARDIAC PARAMETERS	LA/AO M-Mode	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	2.0	2.1		--	1.2	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Sharkawy

INVOICE
23801

DATE
02/05/2026

Cardiac Presentation

The left ventricular wall is mild to moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Significant increased left atrial dimension and bulbous appearance, possible indistinct spontaneous contrast. No overt evidence of (SAM) of the mitral valve present, with non-measured LVOT velocity seen on color flow. There is minor indistinct eccentric MR on Doppler. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

Primary

- Static cardiomyopathy exhibiting thickened LV with myocardial remodeling /fibrosis
- Static LA enlargement with possible spontaneous contrast
- Indistinct mild MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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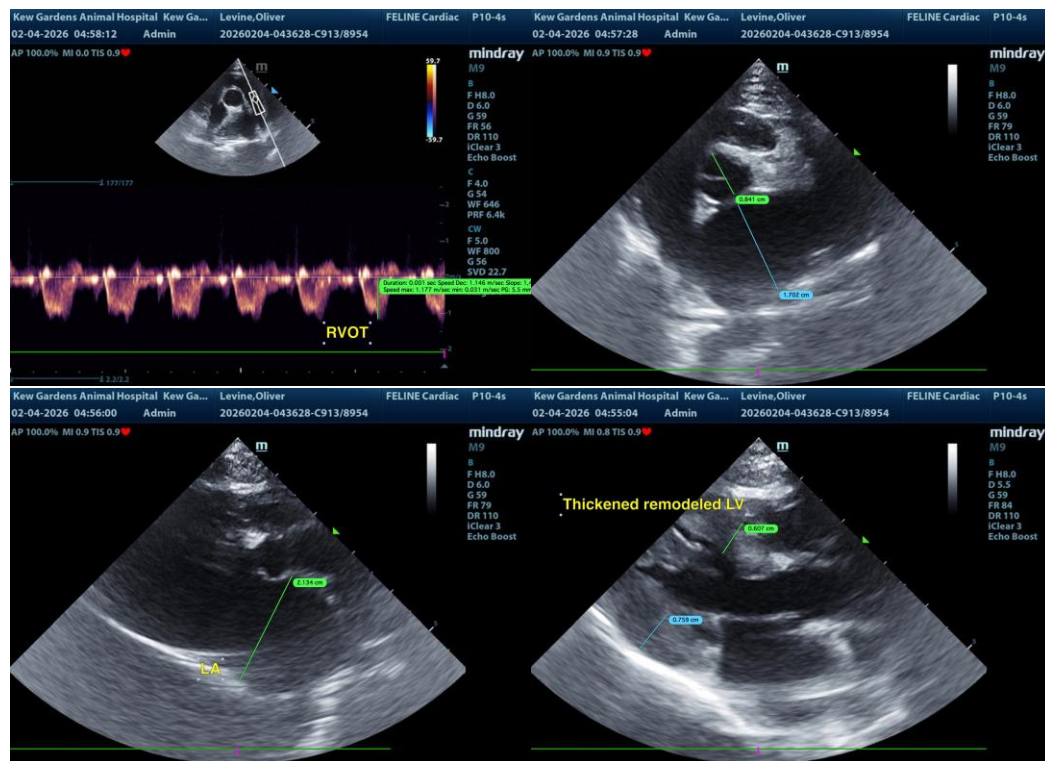
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Similar cardiac presentation with possible mild decreased LA dimension compared to the previous study with considerations including burnout or end-stage HCM or unclassified / restrictive cardiomyopathy. The degree of LA enlargement continues to indicate the current and future risk of complication including CHF or thrombotic event are elevated. Previously mentioned medical protocol assuming currently instituted is recommended with clinical monitoring. Prognosis remains highly guarded and sonographic monitoring is advised.

Recheck echo suggested in 6 months, sooner if clinically indicated. Elective anesthesia is not recommended. Monitoring of systemic BP, ECG and assuming diuretic therapy, renal parameters going forward is recommended.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com



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